



# Under-insured Tally Sheet

for Private / Public Providers (optional use)

Clinic Name															Quarter / Year							
Age	(Check <b>one</b> only) VFC Eligibility Status	DT	DTaP	DTaP/ Hep B/ IPV	DTaP/ Hib/ IPV	DTaP/ Hib	DTaP/ IPV	Flu	Hep A Ped	Hep B Ped	Hep B/ Hib	Hib	HPV	IPV	Meningococcal Conjugate	MMR	MMRV	Pneumococcal Conjugate	Rotavirus	Td	Tdap	Varicella
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### **Instructions for Completing the *Optional Under-insured* Tally Sheet**

Each child receiving State Supplied vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the *Quarterly Doses Administered Report*.

- Print the clinic name and the quarter / year of this information.
- Place a check mark in the appropriate age and eligibility status column. (One line per child.)
- Place a check mark in the column for each vaccine administered to the child during the visit.
- Total all columns (Eligibility Status and Vaccines).
- Transfer the Totals to the Quarterly Doses Administered Report.

**Tally Sheets are for provider's use only.**

**Do NOT return to the Utah VFC Program.**